Docket Number	B-33345P1/GER

FILING BY "EXPRESS MAIL" UNDER 37 CFR 1.10

335544862 Express Mail Label Number

September 15, 2003

Date of Deposit

Address to:

MS: Patent Application Commissioner for Patents PO Box 1450

Alexandria, VA 22313-1450

UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET

Transmitted herewith for filing under 37 CFR §1.53(b) is the utility patent application of

MORANO ET AL. Applicant (or identifier): DRINKING VESSEL WITH ADJUSTABLE HANDLES Title: Enclosed are: Specification (Including Claims and Abstract) - 10 pages Drawings - 7 sheets 2. Executed Declaration and Power of Attorney (original or copy) 3. Microfiche Computer Program (appendix) 4. Nucleotide and/or Amino Acid Sequence Submission 5. Computer Readable Copy Paper Copy Statement Verifying Identity of Above Copies **Preliminary Amendment** 6. Assignment Papers (Cover Sheet & Document(s)) 7. **English Translation of** 8. Information Disclosure Statement 9. Certified Copy of Priority Document(s) 10. Return Receipt Postcard 11. Other: Unexecuted Declaration, 12. **Application Data Sheet** Filing fee calculation: Before calculating the filing fee, please enter the enclosed Preliminary Amendment. Before calculating the filing fee, please cancel claims 750 \$ Basic Filing Fee

Multiple Dependent Claim Fee (\$ 280) Foreign Language Surcharge (\$ 900)								\$	
								\$	
For	Number Filed		Number Extra		Rate				
Total Claims	11	-20	0	×	\$	18	=	\$	
Independent Claims	2	-3	0	x	\$	84	=	\$	
TOTAL FILING FEE									750
	anguage Surchar For Total Claims Independent	For Number Filed Total Claims 11 Independent 2	anguage Surcharge (\$ 900) For Number Filed Total Claims 11 -20 Independent 2 -3	For Number Extra Total Claims 11 -20 0 Independent 2 -3 0	Total Claims Independent Claims Language Surcharge (\$ 900) Number Filed For Number Extra Number Extra Number Extra 2 -3 0 x	Total Claims Independent Claims Language Surcharge (\$ 900) Number Extra Number Extra O x \$ Independent 2 -3 0 x \$	Language Surcharge (\$ 900) For Number Filed Number Extra Rate Total Claims 11 -20 0 x \$ 18 Independent Claims 2 -3 0 x \$ 84	For Number Rate	Sanguage Surcharge (\$ 900) Sanguage (\$ 900) Sanguage Surcharge (\$ 900) Sanguage Surcharge (\$ 900) Sanguage Surcharge (\$ 900) Sanguage (\$ 900) Sangua

\$750. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be



required in connection with this application, or credit any overpayment, to Deposit Account No. 19-0134 in the name of Novartis.

Please address all correspondence to the address associated with Customer No. 001095, which is currently:

Thomas Hoxie

Novartis

Corporate Intellectual Property

One Health Plaza, Building 430

East Hanover, NJ 07936-1080

Please direct all telephone calls to the undersigned at the number given below, and all telefaxes to (973) 781-8064.

Respectfully submitted,

Date: Sept. 15,2603

John W. Kung

Attorney for Applicants

Reg. No. 44,199

Tel. No. (862) 778-7877